

JUL 25 2005

K 050891

7. 510(k) SUMMARY

Contact Information David M. Lyerly
 Vice-President, Research & Development
 TECHLAB®, Inc.
 2001 Kraft Drive
 Corporate Research Center
 Blacksburg, VA 24060-6364

Phone: 540-953-1664
 FAX: 540-953-1665
 Email: dlyerly@techlab.com

Date Prepared April 5, 2005

Product and Trade Name TOX A/B QUIK CHEK™

Classification 21 CFR 866.2660

Predicate Devices

- *C. DIFFICILE TOX-B TEST* (K935296) - TECHLAB, Inc., Blacksburg, VA
- *C. difficile* toxin/antitoxin (K923463) - TECHLAB, Inc., Blacksburg, VA
- *C. DIFFICILE TOX A/B II™* (K003306 and K030404) - TECHLAB, Inc., Blacksburg, VA
- Premier™ Toxins A&B (K993914) - Meridian Bioscience, Inc., Cincinnati, OH
- ProSpecT® Clostridium difficile Toxin A/B (K033479) - Remel, Lenexa, KS
- ImmunoCard® Toxins A&B (K041003) - Meridian Bioscience, Inc., Cincinnati, OH
- Xpect™ Clostridium difficile Toxin A/B (K041951) - Remel Inc., Lenexa, KS

Intended Use

The TOX A/B QUIK CHEK™ test is a rapid immunoassay for detecting *Clostridium difficile* toxins A and B in fecal specimens from persons suspected of having *C. difficile* disease. The test is to be used as an aid in the diagnosis of *C. difficile* disease and results should be considered in conjunction with the patient history.

Device Description

The TOX A/B QUIK CHEK™ test uses antibodies specific for toxins A and B of *C. difficile*. The device contains a Reaction Window with two lines of immobilized antibodies. The test line ("T") contains antibodies against *C. difficile* toxins A and B. The other, representing a control line ("C"), contains anti-IgG antibodies. The Conjugate consists of antibodies to toxins A and B coupled to horseradish peroxidase. To perform the test, the fecal specimen is diluted with Diluent, and Conjugate is added to the diluted sample. The diluted sample-conjugate mixture is added to the Sample Well and the device is allowed to incubate at room temperature for 15 minutes. During the incubation, any toxin A and toxin B in the sample bind to anti-toxin antibody-peroxidase conjugate. The toxin-antibody complexes migrate through a filter pad to a membrane where they are captured by the immobilized anti-toxin antibodies in the line. The

Reaction Well is subsequently washed with *Wash Buffer*, followed by the addition of *Substrate*. After up to a 10 minute incubation, the “T” reaction is examined visually for the appearance of a blue line. A blue line indicates a positive test. A positive “C” reaction, indicated by a blue line, confirms that sample and all reagents were added in proper sequence and volume, that reagents were active at the time of performing the assay, and that proper sample migration occurred.

Comparative information of equivalent devices

Characteristics	510(k) Numbers	Intended Use	Format	Materials	Target Population
TOX A/B QUIK CHEK™ test	Subject to this 510(k)	Detection of <i>C. difficile</i> toxin in fecal specimens	Rapid membrane	Highly specific antibodies against <i>C. difficile</i> toxins A and B	Persons suspected of having <i>C. difficile</i> disease
Tissue culture assay (TOX-B TEST)	K935296	Detection of <i>C. difficile</i> toxin in fecal specimens	Tissue culture	Cell monolayer, specific neutralizing antiserum	Persons suspected of having <i>C. difficile</i> disease
<i>C. DIFFICILE</i> TOX A/B II™	K003306 and KK030404	Detection of <i>C. difficile</i> toxin in fecal specimens	Microtiter ELISA	Highly specific antibodies against <i>C. difficile</i> toxins A and B	Persons suspected of having <i>C. difficile</i> disease
Premier™ Toxins A&B	K993914	Detection of <i>C. difficile</i> toxin in fecal specimens	Microtiter ELISA	Highly specific antibodies against <i>C. difficile</i> toxins A and B	Persons suspected of having <i>C. difficile</i> disease
ProSpect® Clostridium difficile Toxin A/B	K033479	Detection of <i>C. difficile</i> toxin in fecal specimens	Microtiter ELISA	Highly specific antibodies against <i>C. difficile</i> toxins A and B	Persons suspected of having <i>C. difficile</i> disease
ImmunoCard® Toxins A&B	K041003	Detection of <i>C. difficile</i> toxin in fecal specimens	Rapid membrane	Highly specific antibodies against <i>C. difficile</i> toxins A and B	Persons suspected of having <i>C. difficile</i> disease
X/pect™ Clostridium difficile Toxin A/B	K041951	Detection of <i>C. difficile</i> toxin in fecal specimens	Rapid membrane	Highly specific antibodies against <i>C. difficile</i> toxins A and B	Persons suspected of having <i>C. difficile</i> disease

Summary of Performance Data

Clinical Accuracy

The tables below show a summary of the clinical performance of the *TOX A/B QUIK CHEK™* test. Results from 5 studies (2 in-house studies and 3 on-site studies) are included in the summary. Results from the *TOX A/B QUIK CHEK™* were compared to tissue culture assay. The *TOX A/B QUIK CHEK™* test exhibited a sensitivity and specificity of 90.2% and 99.7%, respectively. The predictive positive and negative values were 98.6% and 97.9%, respectively, and the correlation was 98.0%.

Summary of clinical performance comparing the *TOX A/B QUIK CHEK™* test versus tissue culture assay.

n=842	Tiss Cult pos	Tiss Cult neg
<i>TOX A/B QUIK CHEK™</i> pos	138	2
<i>TOX A/B QUIK CHEK™</i> neg	15	687

		95% CI
Sensitivity	90.2	84.1 - 94.2
Specificity	99.7	98.8 - 99.9
Predictive Positive Value	98.6	94.4 - 99.8
Predictive Negative Value	97.9	96.4 - 98.7
Correlation	98.0	97.8 - 98.2

Of the 2 tissue culture-negative/*TOX A/B QUIK CHEK™*-positive samples, 1 was negative in the *TOX A/B II™* test. Of the 15 specimens that were tissue culture-positive/*TOX A/B QUIK CHEK™*-negative, 12 were negative in a commercial A+B ELISA.

Analytical Sensitivity

The test was consistently positive at a concentration of 0.63 ng/mL for toxin A and 1.25 ng/mL for toxin B.

Cross-Reactivity

Strains of *C. difficile* that produce toxins A and B, or only toxin B, were demonstrated to react in the TOX A/B QUIK CHEK™. The specificity of the TOX A/B QUIK CHEK™ test was evaluated by examining the reactivity of a wide range of common intestinal bacteria and intestinal pathogens in the assay. A summary of the results is shown below. The only non-*C. difficile* organism to react in the TOX A/B QUIK CHEK™ test was *C. sordellii* VPI 9048, which produces toxin HT (hemorrhagic toxin) and toxin LT (lethal toxin) that are homologous to toxins A and B, respectively. All of the other organisms tested were negative in the TOX A/B QUIK CHEK™.

Bacterium	Strain	Reaction with <i>C. difficile</i> negative stool	Reaction with <i>C. difficile</i> positive stool
<i>Aeromonas hydrophila</i>	ATCC 7965	-	+
<i>Bacillus cereus</i>	ATCC 14579	-	+
<i>Bacillus subtilis</i>	ATCC 6051	-	+
<i>Bacteroides fragilis</i>	VPI 13785	-	+
<i>Campylobacter coli</i>	ATCC 49941	-	+
<i>Campylobacter fetus</i>	ATCC 25936	-	+
<i>Campylobacter jejuni</i>	ATCC 29428	-	+
<i>Candida albicans</i>	ATCC 10231	-	+
<i>Clostridium bifermentans</i>	VPI 2012	-	+
<i>Clostridium butyricum</i>	VPI 8260	-	+
<i>Clostridium perfringens</i> , types A	VPI 3624	-	+
<i>Clostridium septicum</i>	VPI 1524	-	+
<i>Clostridium sordellii</i>	VPI 9048	+	+
<i>Clostridium sordellii</i>	VPI 7319	-	+
<i>Clostridium sporogenes</i>	VPI 9743	-	+
<i>Enterococcus faecalis</i>	ATCC 19433	-	+
<i>Escherichia coli</i> EIEC	SD67	-	+
<i>Escherichia coli</i>	ATCC 25922	-	+
<i>Escherichia coli</i> O157 H7	B1409	-	+
<i>Escherichia coli</i> ETEC	E 2348169	-	+
<i>Klebsiella pneumoniae</i>	ATCC 9997	-	+
<i>Peptostreptococcus anaerobius</i>	ATCC 27337	-	+
<i>Proteus vulgaris</i>	ATCC 6380	-	+
<i>Pseudomonas aeruginosa</i>	ATCC 9027	-	+
<i>Salmonella typhimurium</i>	ATCC 14029	-	+
<i>Shigella dysenteriae</i>	ATCC 12022	-	+
<i>Shigella flexneri</i>	ATCC 12122	-	+
<i>Shigella sonnei</i>	ATCC 11060	-	+
<i>Staphylococcus aureus</i>	ATCC 6358	-	+

Bacterium	Strain	Reaction with <i>C. difficile</i> negative stool	Reaction with <i>C. difficile</i> positive stool
<i>Staphylococcus aureus</i> (Cowans)	ATCC 12598	-	+
<i>Staphylococcus epidermidis</i>	VPI 13140	-	+
<i>Vibrio parahaemolyticus</i>	ATCC 17802	-	+
<i>Yersinia enterocolitica</i>	ATCC 9610	-	+

Virus	ATCC#	Reaction with <i>C. difficile</i> negative stool	Reaction with <i>C. difficile</i> positive stool
Adenovirus type 1	VR-1	-	+
Adenovirus type 2	VR-846	-	+
Adenovirus type 3	VR-3	-	+
Adenovirus type 5	VR-5	-	+
Adenovirus type 40	VR-931	-	+
Adenovirus type 41	VR-930	-	+
Human coronavirus	VR-740	-	+
Coxsackievirus B2	VR-29	-	+
Coxsackievirus B3	VR-30	-	+
Coxsackievirus B4	VR-184	-	+
Coxsackievirus B5	VR-185	-	+
Echovirus 9	VR-1050	-	+
Echovirus 11	VR-1052	-	+
Echovirus 18	VR-48	-	+
Echovirus 22	VR-1063	-	+
Echovirus 33	VR-582	-	+
Enterovirus type 68	VR-1076	-	+
Enterovirus type 69	VR-1077	-	+
Enterovirus type 70	VR-836	-	+
Enterovirus type 71	VR-784	-	+

Interfering Substances

The following substances had no effect on test results, either with *C. difficile*-negative or *C. difficile*-positive specimens, when present in the stool in the concentrations indicated in the table.

Substance	Concentration	Reaction with <i>C. difficile</i> negative stool	Reaction with <i>C. difficile</i> positive stool
Hog gastric mucin	3.5% w/v	-	+
Human blood (O, Rh-)	40% v/v	-	+
Barium sulfate	5% w/v	-	+
Imodium®	5% w/v	-	+
Kaopectate®	5 mg/ml	-	+
Pepto-Bismol®	5% w/v	-	+
Steric/palmitic acid	40% w/v	-	+
Metronidazole	0.25% w/v	-	+
Vancomycin	0.25% w/v	-	+

Reproducibility

The reproducibility of the TOX A/B QUIK CHEK™ test was determined using known positive (n=6) and negative (n=2) fecal specimens that were coded and sorted to prevent their identification during testing. Testing was performed on-site at 3 laboratories, which tested the samples on 3 days. The samples produced the expected results 100% of the time.

8. REFERENCES

1. Bartlett JG. 1990. *Clostridium difficile*: clinical considerations. Rev. Infect. Dis. 12:S243-51
2. Bartlett JG. 1998. *Clostridium difficile* - Associated diarrhea and colitis. In *Infectious Diseases*, 2nd Ed., (eds) Gorbach SL, Bartlett JG, and Blacklow NR, W.B. Saunders Company, Philadelphia, London, Toronto, Montreal, Sydney, Tokyo
3. Lyerly DM, Wilkins TD. 1995. *Clostridium difficile*. In *Infections of the Gastrointestinal Tract* (eds) Blaser MJ, Smith PD, Ravdin JI, Greenberg HB, and Guerrant RL Raven Press, Ltd., New York, pp 867-91
4. Lyerly DM, Neville LM, Evans DT, Fill J, Allen S, Greene W, Sautter R, Hnatuck P, Torpey D, Schwalbe R. 1998. Multicenter evaluation of the *Clostridium difficile* TOX A/B TEST. J. Clin. Microbiol. 36:184-90
5. Kato H, Kato N, Watanabe K, Iwai N, Nakamura H, Yamamoto T, Suzuki K, Kim S-M, Chong Y, Wasito EB. 1998. Identification of toxin A-negative, toxin B-positive *Clostridium difficile* by PCR. J. Clin. Microbiol. 36:2178-82
6. Alfa MJ, Kabani A, Lyerly D, Moncrief S, Neville LM, Al-Barrak A, Harding GK, Dyck B, Olekson K, Embil JM. 2000. Characterization of a toxin A-negative, toxin B-positive strain of *Clostridium difficile* responsible for a nosocomial outbreak of *Clostridium difficile*-associated diarrhea. J. Clin. Microbiol. 38:2706-14
7. Kraft D. 1999. Personal communications.
8. Kato H, Kato N, Katow S, Maegawa T, Nakamura S, Lyerly DM. 1999. Deletion in the repeating sequences of toxin A gene of toxin A-negative, toxin B-positive *Clostridium difficile* strains. FEMS Microbiol. Lett. 175:197-203
9. Moncrief JS, Zheng L, Neville LM, Lyerly DM. 2000. Genetic characterization of toxin A-negative, toxin B-positive *Clostridium difficile* isolates by PCR. J. Clin. Microbiol. 38:3072-5
10. von Eichel-Streiber C, Zec-Pirnat I, Grabnar M, Rupnik M. 1999. A nonsense mutation abrogates production of a functional enterotoxin A in *Clostridium difficile* toxinotype VIII strains of serogroups F and X. FEMS Microb. Lett. 178:163-8
11. Fluit AC, Wolfhagen MJHM, Verdonk GPHT, Jansze M, Torensma R, Verhoef J. 1991. Nontoxigenic strains of *Clostridium difficile* lack the genes for both toxin A and toxin B. J. Clin. Microbiol. 29:2666-7
12. Anderson BM, Anderson CD, Van Tassell RL, Lyerly DM, Wilkins TD. 1993. Purification and characterization of *Clostridium difficile* glutamate dehydrogenase. Archives Biochem. Biophys. 300:483-8
13. Lyerly DM, Barroso LA, Wilkins TD. 1991. Identification of the latex test-reactive protein of *Clostridium difficile* as glutamate dehydrogenase. J. Clin. Microbiol. 29:2639-42
14. Miles BL, Siders JA, Allen SD. 1988. Evaluation of a commercial latex test for *Clostridium difficile* for reactivity with *C. difficile* and cross-reactions with other bacteria. J. Clin. Microbiol. 26:2452-5
15. Lyerly DM, Ball DW, Toth J, Wilkins TD. 1988. Characterization of cross-reactive proteins detected by Culturette Brand Rapid Latex Test for *Clostridium difficile*. J. Clin. Microbiol. 26:397-400
16. Landry ML, Topal J, Ferguson D, Giudetti D, Tang Y. 2001. Evaluation of Biosite Triage *Clostridium difficile* panel for rapid detection of *Clostridium difficile* in stool samples. J. Clin. Microbiol. 39:1855-8

17. Alfa MJ, Swan B, VanDekerkhove B, Pang P, Harding GK. 2002. The diagnosis of *Clostridium difficile*-associated diarrhea: comparison of Triage *C. difficile* panel, EIA for Tox A/B and cytotoxin assays. *Diagn. Microbiol. Infect. Dis* 43:257-63
18. Turgeon DK, Novicki TJ, Quick J, Carlson L, Miller P, Ulness B, Cent A, Ashley R, Larson A, Coyle M, Limaye AP, Cookson BT, Fritsche TR. 2003. Six Rapid Tests for Direct Detection of *Clostridium difficile* and Its Toxins in Fecal Samples Compared with the Fibroblast Cytotoxicity Assay. *J. Clin. Microbiol.* 41:667-70
19. Gumerlock PH, Tang YJ, Meyers FJ, Silva J, Jr. 1991. Use of the polymerase chain reaction for the specific and direct detection of *Clostridium difficile* in human feces. *Rev. Infect. Dis.* 13:1053- 60
20. Gumerlock PH, Tang YJ, Weiss JB, Silva J, Jr. 1993. Specific detection of toxigenic strains of *Clostridium difficile* in stool specimens. *J. Clin. Microbiol.* 31:507-11
21. Boondeekhun HS, Gurtler V, Odd ML, Wilson VA, Mayall BC. 1993. Detection of *Clostridium difficile* enterotoxin gene in clinical specimens by the polymerase chain reaction. *J. Med. Microbiol.* 38:385-7
22. Lou Q, Chong SKF, Fitzgerald JF, Siders JA, Allen SD, and Lee C-H. 1997. Rapid and effective method for preparation of fecal specimens for PCR assays. *J. Clin. Microbiol.* 35:281-3
23. Kato N, Ou C-Y, Kato H, Bartley SL, Luo C-C, Killgore G.E, and Ueno K. 1993. Detection of toxigenic *Clostridium difficile* in stool specimens by the polymerase chain reaction. *J. Infect. Dis.* 167:455-8
24. Rupnik M, Avesani V, Janc M, von Eichel-Streiber C, Delmee M. 1998. A novel toxinotyping scheme and correlation of toxinotypes with serogroups of *Clostridium difficile* isolates. *J. Clin. Microbiol.* 36:2240-7
25. Bélanger SD, Biossinot M, Clairoux N, Picard FJ, Bergeron MG. 2003. Rapid detection of *Clostridium difficile* in feces by real-time PCR. *J. Clin. Microbiol.* 41:730-4
26. Guilbault C, Labbe A-C, Poirier L, Busque L, Beliveau C Laverdiere M. 2002. Development and evaluation of a PCR method for detection of the *Clostridium difficile* toxin B gene in stool specimens. *J. Clin. Microbiol.* 40:2288-90
27. Wolfhagen MJHM, Fluit AC, Torensma R, Poppelier MJJG, Verhoef J. 1994. Rapid detection of toxigenic *Clostridium difficile* in fecal samples by magnetic immuno PCR assay. *J. Clin. Microbiol.* 32:1629-33
28. Summanen P, Baron EJ, Citron DM, Strong C, Wexler HM, Fingold SM, *Wadsworth Anaerobic Bacteriology Manual*, Fifth Edition. 1993. Star publishing company, Belmont, California



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

JUL 25 2005

David M. Lyerly, Ph.D.
Vice President, Research and Development
TECHLAB®, Inc.
2001 Kraft Drive
Corporate Research Center
Blackburg, VA 24060-6358

Re: k050891
Trade/Device Name: TOX A/B QUICK CHECK™
Regulation Number: 21 CFR 866.2660
Regulation Name: Microorganism differentiation and identification device
Regulatory Class: Class I
Product Code: LLH
Dated: July 5, 2005
Received: July 8, 2005

Dear Dr. Lyerly:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

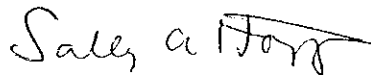
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820).

Page 2 –

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of *In Vitro* Diagnostic Device Evaluation and Safety at (240)276-0484. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>

Sincerely yours,

A handwritten signature in cursive script that reads "Sally A. Hojvat".

Sally A. Hojvat, M.Sc., Ph.D.
Director
Division of Microbiology Devices
Office of *In Vitro* Diagnostic Device
Evaluation and Safety
Center for Devices and
Radiological Health

Enclosure

REVISED

Indications for Use

510(k) Number (if known): K050891

Device Name: TOX A/B QUIK CHEK™

Indications For Use:

The *TOX A/B QUIK CHEK™* test is a rapid immunoassay for detecting *Clostridium difficile* toxins A and B in fecal specimens from persons suspected of having *C. difficile* disease. The test is to be used as an aid in the diagnosis of *C. difficile* disease and results should be considered in conjunction with the patient history. **FOR IN VITRO DIAGNOSTIC USE.**

Prescription Use X

AND/OR

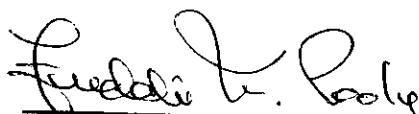
Over-The-Counter Use

(Part 21 CFR 801 Subpart D)

(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)



Division Sign-Off

Page 1 of _____

Office of In Vitro Diagnostic Device
Evaluation and Safety

510(k) K050891